



IDAHO ADOPT-A-HIGHWAY PROGRAM APPLICATION



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(Name of Volunteer Group) **AS YOU WANT SIGN TO BE WRITTEN** (maximum lines and characters)

Sign SHALL be limited to one or two lines wherever possible.

(USE OF A THIRD LINE FOR EXTREMELY LONG GROUP NAMES WILL REQUIRE SPECIAL ITD APPROVAL)

PRINT: (Name of Contact Person)

(Date of Application)

(Mailing Address)

(Day Phone 1st Representative)

(City, State, Zip Code)

PRINT: (Name of Alternate Representative)
Alternate Representative Required for Organizations

(Signature of President, Chairperson or Authorized Representative)

(Day Phone Alternate Representative)

Total number of participants in group: _____

Number under 18: _____

Highway Section you are interested in adopting.

(Show highway number, beginning and ending milepost, and other information that will help identify the location)

Please list an alternate section to be used if the first choice is unavailable:

FOR ITD USE ONLY

Approved Section

M.P. to M.P.

Segment #

County

After completing this form, mail it to:

Sherie Sweaney
Idaho Transportation Department
Adopt-A-Highway Coordinator
PO Box 7129
Boise ID 83707